BEVERLY HEALTH/REHABILITATION SUPERIOR

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1612 NORTH 37TH STREET

SUPERI OR 54880 Ownershi p: Corporati on Phone: (715) 392-5144 Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/01): 101 Yes Total Licensed Bed Capacity (12/31/01): 118 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: Average Daily Census: 79 80

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/31	/01)	Length of Stay (12/31/01)	%			
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	47. 5			
Supp. Home Care-Personal Care	No	n 1 , 1 n, 1,1,,,		T 1 05	~	1 - 4 Years	32. 5			
Supp. Home Care-Household Services		Developmental Disabilities	5. 0	Under 65	7. 5	More Than 4 Years	20. 0			
Day Services	No	Mental Illness (Org./Psy)	43.8	65 - 74	8. 8					
Respite Care	Yes	Mental Illness (Other)	11. 3	75 - 84	26. 3		100. 0			
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	48. 8	*********	*****			
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	2. 5	95 & 0ver	8.8	Full-Time Equivaler	ıt			
Congregate Meals	No	Cancer	1.3	•	[	Nursing Staff per 100 Re	si dents			
Home Delivered Meals	No	Fractures	0.0		100. 0	(12/31/01)				
Other Meals	No	Cardi ovascul ar	6. 3	65 & 0ver	92. 5					
Transportati on	Yes	Cerebrovascul ar	11. 3	`		RNs	8. 3			
Referral Service	No	Di abetes	3. 8	Sex	%	LPNs	7. 8			
Other Services	Yes	Respiratory	1. 3		j	Nursing Assistants,				
Provi de Day Programming for		Other Medical Conditions	13. 8	Male	17. 5	Ai des, & Orderlies	37. 6			
Mentally Ill	No			Femal e	82. 5					
Provi de Day Programming for			100. 0		j					
Developmentally Disabled	Yes				100.0					
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## Method of Reimbursement

		ledicare litle 18			edicaid itle 19			0ther			Pri vate Pay	:		amily Care		1	Managed Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	1	1. 6	102	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	1	1. 3
Skilled Care	6	100.0	250	<b>54</b>	88. 5	87	1	100.0	275	10	100.0	143	0	0.0	0	2	100.0	88	73	91. 3
Intermediate				5	8. 2	73	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	5	6. 3
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Dev. Di sabl ed				1	1.6	87	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1. 3
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Ventilator-Dependen	t 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	6	100.0		61	100. 0		1	100.0		10	100.0		0	0.0		2	100. 0		80	100. 0

County: Douglas
BEVERLY HEALTH/REHABILITATION SUPERIOR Facility ID: 5720 Page 2

Admissions, Discharges, and		Percent Distribution	of Residents'	Condi t	tions, Services,	, and Activities as of 12/	′31/01
Deaths During Reporting Period	Į				% Needing		Total
Percent Admissions from:		Activities of	%		sistance of	% Totally	Number of
Private Home/No Home Health	5. 5	Daily Living (ADL)	Independent	0ne	or Two Staff	Dependent	Resi dents
Private Home/With Home Health	2.8	Bathi ng	2. 5		<b>56</b> . 3	41. 3	80
Other Nursing Homes	11. 7	Dressi ng	10. 0		<b>52.</b> 5	37. 5	80
Acute Care Hospitals	79. 3	Transferring	22. 5		45. 0	32. 5	80
Psych. HospMR/DD Facilities	0.0	Toilet Use	18. 8		45. 0	36. 3	80
Reĥabilitation Hospitals	0.0	Eati ng	70. 0		10. 0	20. 0	80
Other Locations	0.7	**************	*******	******	******	**********	*******
Total Number of Admissions	145	Conti nence		%	Special Treat	tments	%
Percent Discharges To:		Indwelling Or Externa	al Catheter	3.8	Receiving I	Respi ratory Care	5. 0
Private Home/No Home Health	20. 3	Occ/Freq. Incontinent		72.5	Recei vi ng	Tracheostomy Care	1.3
Private Home/With Home Health	29. 3	Occ/Freq. Incontinent	of Bowel	63.8	Recei vi ng S		1. 3
Other Nursing Homes	8. 3	· •			Receiving (	Ostomy Care	1. 3
Acute Care Hospitals	9. 0	Mobility				Tube Feeding	3.8
Psych. HospMR/DD Facilities	0.8	Physically Restrained	i	3.8	Recei vi ng 1	Mechanically Altered Diets	33. 8
Rehabilitation Hospitals	0.0	i i			J	J	
Other Locations	1. 5	Skin Care			Other Resider	nt Characteristics	
Deaths	30.8	With Pressure Sores		1. 3	Have Advance	ce Directives	93. 8
Total Number of Discharges		With Rashes		2. 5	Medi cati ons		
(Including Deaths)	133				Receiving 1	Psychoactive Drugs	17. 5

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

		Ownershi p:		Bed	Si ze:	Li ce	ensure:		
	This Proprietary Facility Peer Group		100-	- 199	Ski l	lled	Al I	l	
			Group	Peer	Group	Peer	Group	Faci l	lities
	%	%	Ratio	%	Ratio	%	Ratio	%	Rati o
Occumency Potes, Avenuese Potly, Congue/Licensed Pode	67.0	82. 7	0. 81	02.0	0.00	84. 3	0.80	94.6	0.70
Occupancy Rate: Average Daily Census/Licensed Beds	67. 2			83. 8	0.80	84. 3 82. 7	0. 80 1. 16	84. 6	0. 79
Current Residents from In-County	96. 3	82. 1	1. 17	84. 9	1. 13			77. 0	1. 25
Admissions from In-County, Still Residing	25. 5	18. 6	1. 37	21.5	1. 19	21.6	1. 18	20. 8	1. 23
Admissions/Average Daily Census	183. 5	178. 7	1. 03	155. 8	1. 18	137. 9	1. 33	128. 9	1. 42
Discharges/Average Daily Census	168. 4	179. 9	0. 94	156. 2	1. 08	139. 0	1. 21	130. 0	1. 29
Discharges To Private Residence/Average Daily Census	83. 5	76. 7	1. 09	61. 3	1. 36	<b>55.</b> 2	1. 51	<b>52.</b> 8	1. 58
Residents Receiving Skilled Care	92. 5	93. 6	0. 99	93. 3	0. 99	91.8	1. 01	85. 3	1.08
Residents Aged 65 and Older	92. 5	93. 4	0. 99	92. 7	1.00	92. 5	1.00	87. 5	1.06
Title 19 (Medicaid) Funded Residents	76. 3	63. 4	1. 20	64. 8	1. 18	64. 3	1. 19	68. 7	1. 11
Private Pay Funded Residents	12. 5	23. 0	0. 54	23. 3	0. 54	25. 6	0. 49	22. 0	0. 57
Developmentally Disabled Residents	5. 0	0. 7	7. 13	0. 9	5. 69	1. 2	4. 25	7. 6	0. 66
Mentally Ill Residents	55. 0	30. 1	1. 83	37. 7	1. 46	37. 4	1. 47	33. 8	1. 63
General Medical Service Residents	13. 8	23. 3	0. 59	21. 3	0. 65	21. 2	0. 65	19. 4	0. 71
Impaired ADL (Mean)	<b>54</b> . <b>5</b>	48.6	1. 12	49. 6	1. 10	49. 6	1. 10	49. 3	1. 11
Psychological Problems	17. 5	50. 3	0. 35	53. 5	0.33	54. 1	0. 32	51. 9	0. 34
Nursing Care Required (Mean)	6. 3	6. 2	1. 01	6. 5	0. 96	6. 5	0. 96	7. 3	0.85